MSME18103313 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 10/08/2018 15:29 SUBMITTED BY: Chia Pei Ying

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	10/08/2018 15:29
Date Of Accident	09/08/2018 17:35
Exact Location Of Accident	TAMPINES AVE 1 & TAMPINES AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV5334E

Insured/Policyholder

Name Of Registered OwnerTAY SIEW LIANNRIC No\$0696355BEmail AddressNOEMAIL

Mobile Phone No (LOCAL) +65-91196693
Alternative Phone No OFFICE-91196693

Vehicle Particulars

Manufacturer HONDA Model STREAM

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA224281

Cover Note Number

Driver

Name of Driver TAY SIEW LIAN
NRIC No S0696355B
Date Of Birth 16/10/1946
Occupation INDOOR
Date Of Driving Pass 23/02/1965

Driving Experience 53 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91196693

Fax Number

Contact Number OFFICE-91196693

EMail Address NOEMAIL

BLK 493F TAMPINES ST 43 #06-334 Address

Postcode 524493

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : CHEN XU FENG

> GENDER: : FEMALE

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

**EUNOS NPP** Police Station Name

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20180810/2044.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKZ478M

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B** Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode 10/08 2018 FRI 15:28 FAX **2**003/009

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

CHEN XU FENG Name

Approximate Age Injuries Sustain

SGV5334E Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 2** 

TAY SIEW LIAN Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

SGV5334E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

## Sketch Plan Pg. 1

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal Information set out in this [form] and any other personal Information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (II) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SIMBNIC Stephildeline com (2)

SKETCH PLAN

# Sketch Plan #2 Pg. 1

A: SGV 6334 E B: SK3478 M

Tampines Aul =

Tampines Are 1X

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reter police	MOOA	NO: 7   20   8 0   2044
		1
		·

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

I/We, My SIW LIAN accident with vehicle no. (TP) SKZ47&M X TAMPIN'S AVI 5		
My/Our insurance is under M/S AXA Insurance policy or against Third Party and if the forms with all relevant facts and documents within Insurance policy or against Third Party and if the forms within Insurance policy or against Third Party and documents within Insurance policy or against Third Party claim is handled by my/our Th	(4(fourteen) days of occurrence of	discovery of the
My/Our Third Party Claim is in		
Signed and Acknowledged by:		Date
Name and signature of policyholder	Company Stamp	Duto

# Sketch Plan #4 Pg. 1





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 T/20180810/2044

Report No. T/20180810/2044

1 of 3

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
•	G/20180809/0242	10

0,20,00000.02	
Address:	
TAY SIEW LÍAN APT BLK 493E TAMPINES S'	
524493	
'Contact No.:	
Home/Office:	Mobile: 91196693
Email:	
Type of Informant:	
Driver	
Language:	Institution / School Name:
English	
Driving Licence Information:	
Class: 3	Date of Expiry:
	APT BLK 493E TAMPINES ST 524493 Contact No.: Home/Office: Email: Type of Informant: Driver Language: English Driving Licence Information:

Type of	Injury Conveyed By Ambula	Drink nce Drive:	Date/Time of Accident:	Type of Location: X-Junction
Accident:	Conveyed By 7 willbaid	No	09/08/2018 17:3	5
Location: Along Road 1 TAMPINES AV TAMPINES AV				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
The state of the s		Traffic Control:	affic Control: Traffic affic Light - Working Light	
Two Way		Hanic Light - VVC	// IKII 19	1 3

Details of Ve	ehicle Involved			Charles to the Albanda Sa		policy of control of
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV5334E	Car	HONDA	STREAM 1.8	Silver	Slightly	1 .
	· ·		Α	•	Damaged	
SKZ478M	Car		4		Slightly	3
					Damaged	·

Details of Ve	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGV5334É	AXA INSURANCE SINGAPORE PTE	GA224281	19/06/2018	18/06/2019
	LTD			

## Sketch Plan #5 Pg. 1



T/20190810/2044

T/20180810/2044

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

Report No. T/20180810/2044

2 of 3

CONTINUATION OF REPORT

## Brief Details.

On 09/08/2018 at about 05:35pm, I was driving my car SGV5334E along Tampines Ave 1 and I was together with my wife. At the junction of Tampines Ave 1 and Ave 5, the traffic light was green and as such I continued to drive forward. I was driving within the road speed limit. When I was crossing the junction halfway, one car SKZ478M suddenly made a right turn. I was not able to stop on time and as such my car collided onto his. Both me and my wife were badly injured. There were passerby quickly came to assist us. Soon after the ambulance came and both me and my wife were convey to CGH. I also noticed both the cars were badly damaged. My front portion of the car was damaged and no longer able to move. Both me and my wife were given 4 days MC each.

I would like to state that the traffic light was green for me when I made the cross. The other driver came to apologies to me, however he informed that the traffic light was green and there was no green arrow for him when he made the right turn. I do not have any camera in my car. The TP officer advised me to lodge a police report vide G/20180809/0242.

## Sketch Plan #6 Pg. 1





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 3 Report No. T/20180810/2044

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt IMTIAZ AHAMED BIN HAMID HAJA	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	10/08/2018 12:19
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
⇒ SI YEO CHUN JIAN	
Contact No.: 65476213	
# SINGAPORE -	
Authentication Stamp NP168 SIGNATURE	